



**CENTERS FOR DISEASETM
CONTROL AND PREVENTION**

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Partnering for Frontline Readiness

The Role of Preventive Medicine in Public Health Preparedness

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Public Health Preparedness *TODAY....*

Bursting at the seams!

Context?

Topdown decision-making.

When everything is an emergency-nothing is....

The old ways are out!

G-Force!

Resource Management!

Unrelated activities?

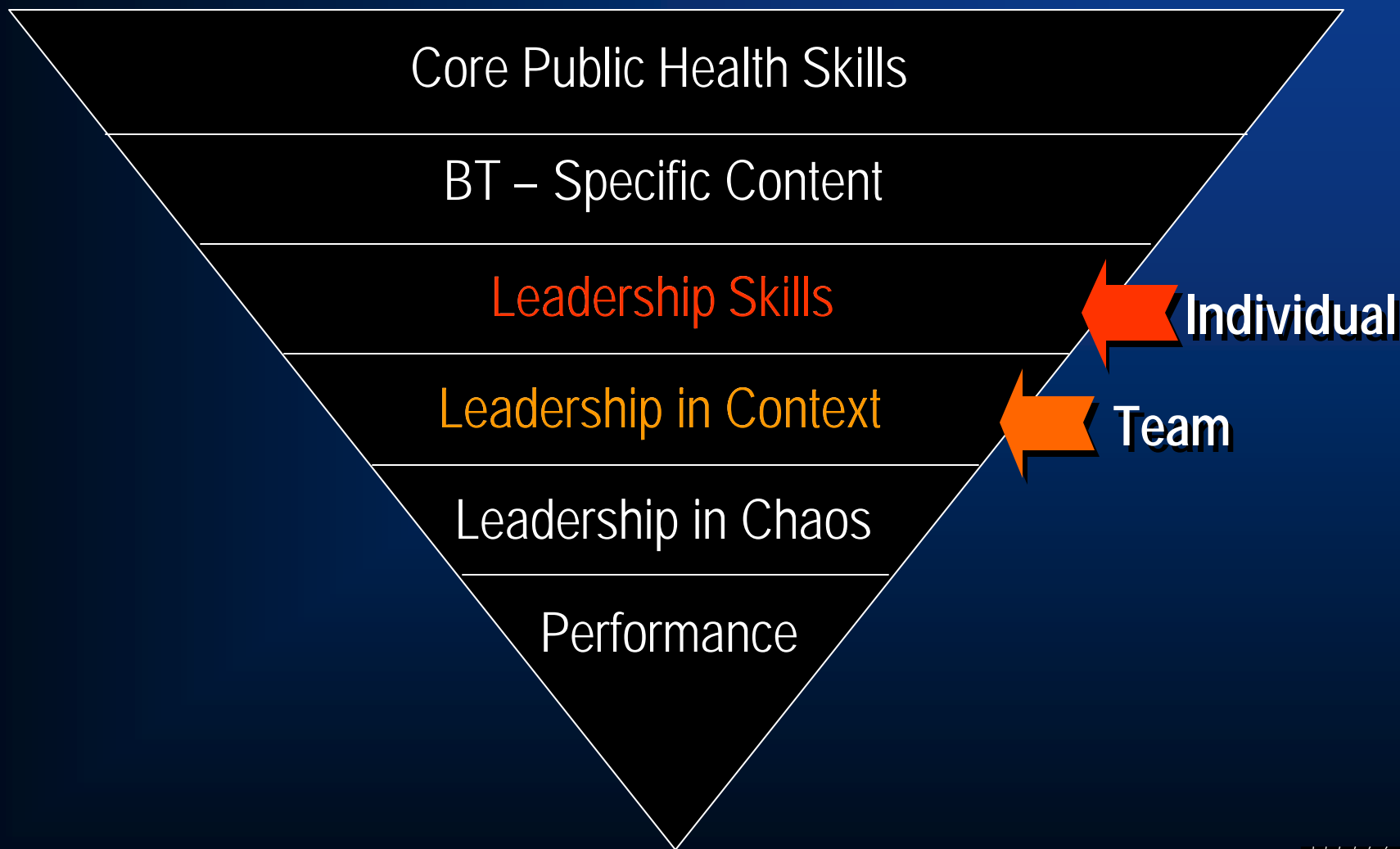
Buzzing at the National Level

- Many players; \$; products
- Education and training
 - Content – What?
 - Context – How?
 - Performance – So what?
- Reality

(B) T – Education and Training Content

- Performance-based; competency-driven
- Target audience specific
- Delivery-modalities

BT Leadership Pyramid



Facing Reality

- Flexibility, accountability, and speed
- National standardization – local customization
- Workforce – needs, competency, surge capacity

Preparedness and Planning Competencies for Public Health Clinical Staff

1. Describe the PH role in emergency response in a range of emergencies that might arise
 - Maintain regular communication with partner professionals in other agencies
2. Describe the chain of command in emergency response
3. Identify and locate the agency emergency response plan
 - Establish protocols to address PH surge capacity
 - Specify safety measures for responders in a BT event (PPE)
 - Conduct workforce BT preparedness programs

Preparedness and Planning Competencies for Public Health Clinical Staff

4. Describe his/her functional role(s) in emergency response and demonstrate his/her role(s) in regular drills
 - Identify functional role in agency's BT response plan
 - Demonstrate readiness to apply professional skills in a range of emergency situations
5. Identify limits to own knowledge, skill, and authority, and identify key system resources for referring matters that exceed these limits.
6. Recognize unusual events that might indicate an emergency and describe appropriate action

Preparedness and Planning Competencies for Public Health Clinical Staff

7. Participate in continuing education to maintain up to date knowledge in areas relevant to emergency response
8. Apply creative problem solving, flexible thinking, and evaluate effectiveness
 - Identify exposed persons in need of public health or medical intervention
 - Identify indicators, signs, and symptoms of exposure to critical biological agent
 - Collect timely data on critical agent

Preparedness and Planning Competencies for Public Health Clinical Staff

8. Apply creative problem solving, flexible thinking, and evaluate effectiveness (*cont'd*)
 - Collect timely data on critical agent
 - Establish, supervise, perform effective assessment, stabilization, diagnosis, and treatment of victims
 - Apply appropriate techniques for preserving evidence

Source: Bioterrorism & Emergency Readiness: Competencies for All Public Health Workers, K. Gebbie, Columbia University School of Nursing, Center for Health Policy. Supported by CDC/ ATPM Cooperative Agreement #TS 0740, 10/02,

Terrorism Preparedness and Response Training Matrix

- CDC anticipated outcomes in the next 6 months
 - Training products database of federal, state and local health training efforts
 - Toolbox of learning offerings
 - Direct training for key state and local BT health officials

Key Training Content Areas

- Biological/chemical agents-diagnosis, treatment, consequences
- Unified and incident command systems
- Communications/notifications systems
- Risk communications
- Worker safety
- Legal authorities
- Epi/surveillance; laboratory systems
- Information technology
- Psycho-social consequences

Incident Command Systems (ICS)

- A multi-disciplinary, multi-jurisdictional command system in which the responsibilities and duties of those persons holding key positions within the command structure have been designated by formal agreement and a system which is capable of expanding or shrinking as the situation warrants

ICS Training

Training Module	Intensity for Administrators	Intensity for Clinicians
Command	5	4
Operations	5	5
Planning	5	5
Logistics	5	3
Finance	5	2

ICS Training Intensity

- Clinical Staff, particularly those in lead administrative positions, require the highest level of training
- Expert knowledge will be gained through a thorough understanding of the topic and drills/exercises with external partners

Desired Effects of Public Health Preparedness Training

- Public Health workers and community response partners are able to perform their functional roles as defined in state/jurisdiction emergency response plan for public health emergencies, including terrorism

Desired Effects of Public Health Preparedness Training

- ① Strong and consensual commitments are demonstrated for all aspects of training, including the identification of training needs, the identification of training gaps, and the development of a comprehensive training plan

Desired Effects of Public Health Preparedness Training

- ① All training assets in the community are aligned such that training is coordinated, comprehensive, and consistent with the response plan

Challenges

1. Silos versus Systems
2. Integrating Terrorism Preparedness into medical school curricula
3. Preparing community-based physicians
4. Cross-training
5. Surge capacity

BT or not to be

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